



Department of Human Resources
311 West Saratoga Street
Baltimore MD 21201

Family Investment Administration
ACTION TRANSMITTAL

Control Number: 15-26

Effective Date: UPON RECEIPT

Issuance Date: April 22, 2015

TO: DIRECTORS, LOCAL DEPARTMENTS OF SOCIAL SERVICES
DEPUTY/ASSISTANT DIRECTORS FOR FAMILY INVESTMENT
FAMILY INVESTMENT SUPERVISORS AND ELIGIBILITY STAFF
DIVISION OF ELIGIBILITY WAIVER SERVICES
HEALTH OFFICERS, LOCAL HEALTH DEPARTMENTS
LOCAL HEALTH DEPARTMENT ELIGIBILITY STAFF

FROM: DEBBIE RUPPERT, EXECUTIVE DIRECTOR, DHMH/OES *Debbie Ruppert*
ROSEMARY MALONE, EXECUTIVE DIRECTOR, FIA *Rosemary Malone*

RE: X02 ELIGIBILITY FOR NON-QUALIFIED ALIENS AGES 21-64

PROGRAM AFFECTED: MEDICAL ASSISTANCE

ORIGINATING OFFICE: OFFICE OF ELIGIBILITY SERVICES

SUMMARY:

Effective January 2014, the Affordable Care Act (ACA) required that an applicant qualify as a member of a modified adjusted gross income or MAGI coverage group. The MAGI methodology has two principal components: income counting according to federal tax law and household composition. ACA also expanded the Medicaid Program to cover all adults living below 138 percent of the federal poverty level (FPL). As a result, MAGI regulation applies to adults (ages 21-64) who were made newly eligible as a result of ACA. The newly eligible adults ages 21-64 are not required to be disabled.

ACTIONS REQUIRED:

Prior to ACA, the "other requirements" for individuals to qualify for limited coverage included a determination that the applicant was aged, blind, or disabled, or was younger than 21 years old, or a caretaker relative. Now that ACA has abolished disability as one of the requirements for Medicaid consideration, **a referral to SRT is no longer necessary for the newly eligible adults' ages 21-64. Therefore, their medical assistance eligibility is determined under MAGI rules.**

In order for **non-qualified aliens** to qualify for limited coverage, they must meet all other requirements for Medicaid eligibility, except that the individual need not provide a Social Security number. The other requirement is to test the income of the **non-qualified alien** using a MAGI assessment. **If otherwise eligible, the process for obtaining a medical review for emergency medical services (other than labor and delivery) via the utilization control agent (Delmarva) continues to be in effect.**

NOTE: The procedure for labor and delivery for X02 pregnant women has NOT changed.

ACTION REQUIRED:

CARES cannot determine eligibility for MAGI X02. Therefore, X02 eligibility must continue to be determined off-line using the rules for the most appropriate community-based MA or MCHP coverage group with full benefits in the A, F, P, or S track (except for P13 or P14).

Step 1: The case manager must verify that the applicant is a Maryland resident, with the intent to remain permanently or indefinitely.

Step 2: Identify the most appropriate community-based MA or MCHP coverage group with full benefits in the A,F,P, or S track (except for P13 or P14).

Step 3: The applicant must meet the income and resource standards for the appropriate coverage group. The assistance unit rules are applied, taking into consideration the income and resources of the applicant's spouse or of the parents for a minor child applicant.

Step 4: Review the technical and financial information for the applicant according to the MA requirements (except for citizenship) **before** forwarding the DES 401 to Delmarva.

REMINDERS:

- All of the non-financial and financial eligibility requirements for that coverage group are applied. For example:

If a non-qualified alien applies in MAGI as a non-pregnant adult but his/her income is too high, the result under ACA is a denial rather than a test for spend-down. In order to qualify for spend-down, an application would have to be processed under ABD rules, which would require a determination by SRT.

- For any X02 applications that were filed since January 1, 2014, and already sent to the State Review Team and denied as “Not Disabled”, the application will need to be reevaluated. DHR will produce a list of these cases and send it to the local departments. Refer the applicant to Delmarva via the DES 401 for a review for emergency medical services.

INQUIRIES:

Please direct Medical Assistance policy questions to the DHMH Division of Eligibility Policy and MCHP policy questions to the MCHP Division, both at 410-767-1463 or 1-800-492-5231 (select option 2 and request extension 1463).

cc: DHMH Executive Staff DHR Executive Staff
 FIA Management Staff DHMH Management Staff
 Constituent Services DHR Help Desk